and assessed its value to surgical trainees in making decisions in a safe environment.
Method: The VP map was based on a 65-year-old male with an undiagnosed pancreatic head adenocarcinoma. Decision-making spanned from the initial GP referral to palliative care involvement. A patient avatar will be created using iClone to enhance a realistic environment. At three intervals, focus groups of Surgical Trainees of varying levels including a Hepatobiliary Fellow critiqued the map, focusing on clinical accuracy, fidelity and value of the decision stems.
Result: All trainees found the VP useful and the decision-making challenging and rewarding, particularly the fellows. Trainees identified the freedom to make "wrong" decisions and managing the consequences with feedback valuable learning. The scenario felt realistic and implementing supportive clinical supervision was suggested to increase fidelity.
Conclusion: Surgical trainees value VPs and would use them regularly. Our map was found to be potentially useful for decision-making and assessment. Despite its initial stage we intend to revolutionise the assessment of UK general surgical trainees through incorporating our VP.

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0719: ENT OPERATIONS – BRIDGING THE SHO/SPR DIVIDE

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Aim: We believe that the biggest difference between an SHO and Registrar is not always technical skill, but decision making. We ran a one day course looking specifically at increasing SHOs confidence in decision making when asked to perform at the standard expected for a first year registrar
Method: Four workshops were arranged to provide SHOs with information and decision making skills on common ENT operations. The operations chosen were Tracheostomy, Septoplasty, Myringoplasty and Submandibular gland excision. The workshops began with lectures during which the trainees were encouraged to visualised themselves in their own theatre and to start thinking their way through the operation in real time. Visual analogue scores were taken for the trainees self reported confidence pre and post-course.
Result: Seven trainees took part in our project, with 6 providing full written feedback. Candidates reported confidence levels were raised with every procedure, from an average of 1.75 pre-course to 3.89 post-course.
Conclusion: Transitioning from an SHO to Registrar level can be daunting, we suggest that operatively the skills need to perform at Registrar level are principally in thinking your way through an operation, and not always simply technical skill.

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0738: AN AUDIT ON POST-SURGICAL COMPLICATION RATES OF ELECTIVE EXCISION OF PILONIDAL SINUS DISEASE AND THE NEED OF POST-OPERATIVE APPOINTMENTS

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Background: Pilonidal sinus is a common disease of the natal cleft with an incidence of 25/100,000 people in the UK, affecting mostly males. It is reported to be caused from ingrowing hair, leading to formation of an abscess and sinuses underneath the skin. Surgery is the treatment of choice for chronic pilonidal disease. Literature has revealed high rates of post-surgical complications. As a consequence, follow-up appointments are needed to monitor these complications.
Aim: To determine if a six-week post-surgery appointment is necessary for the patient.
Method: All the data from the patients that underwent elective excision of pilonidal sinus at SRFT from 01/01/2012-30/11/2014 were screened to determine the attendance, complication rate and healing time.
Result: Out of 46 patients, 37 underwent excision and primary closure with Karydakis flap, 6 patients underwent excision with Limberg flap and 3 wounds were left open. Most complications (9/11 patients) were noticed and treated by the colorectal nurse and only 1/11 was treated by the surgeon during routine follow-up.
Conclusion: A six week follow up with the surgeon is not necessary due to the low complication rate at that period, however a two-week follow-up with the colorectal nurse has shown to be beneficial.

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0754: A NOVEL TECHNIQUE FOR TEACHING MULTIPLE TESTICULAR SWELLINGS

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Aim: Scrotal examination is a key clinical skill often poorly taught to undergraduates because of its intimate nature. Testicular examination simulation mannequins exist but cost up to £120 and replicate only tumours. We aimed to evaluate a novel technique to teach multiple swellings.
Method: We assembled models representing six common testicular swellings (epididymal cyst, epididymitis, hydrocoele, inguinoscrotal hernia, testicular tumour and varicocoele) from low-cost materials for a total cost of £9.15, and used them to teach testicular examinations to undergraduate medical students rotating through our department, alongside a rubber mannequin exhibiting testicular tumours produced by a medical company.
Result: All 66 participants were invited to complete a post-session evaluation. A significantly higher proportion of students recommended the handmade models more to colleagues to learn testicular examinations than the rubber model via a one-sample t test (81.8% vs 10.6%, t value=8.957, $p<0.0001$), the most cited reason being that of a wider variety of pathologies replicated.
Conclusion: Our models took approximately one hour to assemble. They can be widely used by Urology departments as an inexpensive aid in practical teaching of testicular examinations and recognition of common testicular swellings where opportunities on patients are difficult to come by.

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0755: CAN WEARABLE TECHNOLOGY BE USED TO DELIVER SUSTAINABLE GLOBAL SURGICAL INTERVENTIONS?

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Aim: To evaluate the effectiveness of wearable technology as a global surgical intervention within the context of the Sustainable Development Goals.
Background: Globalisation and technology has played a pivotal role in traversing boundaries between high and low-income countries. The emergence of wearable technology offers the unique opportunity for its application in global surgery to train providers overseas and address growing disparities in surgical provision worldwide.
Discussion: The general shortage of healthcare staff, and surgeons/anaesthetists specifically in resource-poor countries, has significantly contributed to the disparities between need and provision. The number of surgical staff per population density is occasionally more than 100 times greater in high-income countries compared to LMICs.
Traditional surgical missions and health camps are difficult to assess for their cost-effectiveness given their short time-span and inability to address long-term staff shortages. Google Glass and similar wearables have recently been piloted to consistently train surgeons in LMICS. However, this is limited by adequate Wi-Fi access and the reliance on telecommunication providers to expand connectivity.
Conclusion: Wearable technology can be used as part of global surgical training programmes to help improve the quality of education in LMICSs and maintain sustainable involvement from surgeons in HICs.

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